LMC | DIABETES & ENDOCRINOLOGY

advanced carb counting homework

Instructions

1. Record all food and beverages for 3 consecutive days; ideally include two days during the week and one day on the weekend. We are interested in days that reflect your typical intake, not special occasions or vacations. Please be as accurate as possible.

2. Calculate carbohydrates for each meal and record.

3. Record all pre-meal blood sugar readings and pre-bedtime reading, include times. Blood sugar records 2 hours after eating will only be an asset.

4. Record all insulin injections.

5. You can leave the shaded areas; we will review how to complete this information during your 1:1 session.

day 1

Meal		Food Eaten & Portions	Carbs	Insulin Taken (fast acting)
Basal Insulin: (long acting)				Meal Bolus: ____
BREAKFAST				Correction: ____
Time:				Total Taken: ____
Blood Glucose:			Total:	
2-hr BG:			_____g	
Activity:				
AM SNACK				
Time:				
Blood Glucose:				
LUNCH				Meal Bolus: ____
Time:				Correction: ____
Blood Glucose:			Total:	Total Taken: ____
2-hr BG:			_____g	
Activity:				
PM SNACK				
Time:				
Blood Glucose:				
DINNER				Meal Bolus: ____
Time:				Correction: ____
Blood Glucose:			Total:	Total Taken: ____
2-hr BG:			_____g	
Activity:				
NIGHT SNACK				
Time:				
Blood Glucose:				
Basal Insulin: (long acting)				
Plan				

Insulin:Carb ratio = 1 unit for every _____ g of carbs at breakfast
Insulin:Carb ratio = 1 unit for every _____ g of carbs at lunch
Insulin:Carb ratio = 1 unit for every _____ g of carbs at dinner

Insulin Sensitivity Factor: 1 unit of humalog | rapid will ↓ BS _____ mmol/L
Correction Dose: (Current BG – goal BG) ÷ ISF _____ = _____ U extra insulin to take with meal

day 2

Meal		Food Eaten & Portions	Carbs	Insulin Taken (fast acting)
Basal Insulin: (long acting)				Meal Bolus: ____
BREAKFAST				Correction: ____
Time:				Total Taken: ____
Blood Glucose:			Total:	
2-hr BG:			_____g	
Activity:				
AM SNACK				
Time:				
Blood Glucose:				
LUNCH				Meal Bolus: ____
Time:				Correction: ____
Blood Glucose:				Total Taken: ____
2-hr BG:			Total:	
Activity:			_____g	
PM SNACK				
Time:				
Blood Glucose:				
DINNER				Meal Bolus: ____
Time:				Correction: ____
Blood Glucose:			Total:	Total Taken: ____
2-hr BG:			_____g	
Activity:				
NIGHT SNACK				
Time:				
Blood Glucose:				
Basal Insulin: (long acting)				

Plan

Insulin:Carb ratio = 1 unit for every _____ g of carbs at breakfast
Insulin:Carb ratio = 1 unit for every _____ g of carbs at lunch
Insulin:Carb ratio = 1 unit for every _____ g of carbs at dinner

Insulin Sensitivity Factor: 1 unit of humalog | rapid will ↓ BS _____ mmol/L
Correction Dose: (Current BG – goal BG) ÷ ISF _____ = _____ U extra insulin to take with meal

day 3

Name: _____ Date: _____ / _____ / _____

Meal		Food Eaten & Portions	Carbs	Insulin Taken (fast acting)
Basal Insulin: (long acting)				Meal Bolus: _____
BREAKFAST				Correction: _____
Time:				Total Taken: _____
Blood Glucose:			Total:	
2-hr BG:			_____g	
Activity:				
AM SNACK				
Time:				
Blood Glucose:				
LUNCH				Meal Bolus: _____
Time:				Correction: _____
Blood Glucose:			Total:	Total Taken: _____
2-hr BG:			_____g	
Activity:				
PM SNACK				
Time:				
Blood Glucose:				
DINNER				Meal Bolus: _____
Time:				Correction: _____
Blood Glucose:			Total:	Total Taken: _____
2-hr BG:			_____g	
Activity:				
NIGHT SNACK				
Time:				
Blood Glucose:				
Basal Insulin: (long acting)				
Plan				

Insulin:Carb ratio = 1 unit for every _____ g of carbs at breakfast
Insulin:Carb ratio = 1 unit for every _____ g of carbs at lunch
Insulin:Carb ratio = 1 unit for every _____ g of carbs at dinner

Insulin Sensitivity Factor: 1 unit of humalog | rapid will ↓ BS _____ mmol/L
Correction Dose: (Current BG – goal BG) ÷ ISF _____ = _____ U extra insulin to take with meal